# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/537●●3

FILING DATE

APPLICANT(S)

## CLAIMS

| | AS FILED | | AFTER 1ˢᵗ AMENDMENT | | AFTER 2ⁿᵈ AMENDMENT | |
|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 19 | 1 | | | | | |
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| 21 | | 2 | 1 | | | |
| 22 | 1 | | 1 | | | |
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| TOTAL DEP. | | ⬅ | 19 | ⬅ | | ⬅ |
| TOTAL CLAIMS | | | 26 | | | |

| | AS FILED | | AFTER 1ˢᵗ AMENDMENT | | AFTER 2ⁿᵈ AMENDMENT | |
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| TOTAL IND. | | ⬇ | | ⬇ | | ⬇ |
| TOTAL DEP. | | ⬅ | | ⬅ | | ⬅ |
| TOTAL CLAIMS | | | | | | |